



Non-Hospital Medical and Surgical Facilities Accreditation Program

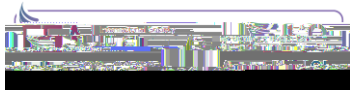
Medical Director

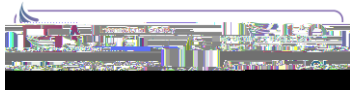
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A medical director, who is a registrant of the College of Physicians and Surgeons of BC, must be appointed. The medical director is responsible for the delivery of medical and surgical care provided by the non-hospital facilities and for ensuring compliance with the accreditation standards, policies, rules, procedures and guidelines for the Non-Hospital Medical and Surgical Facilities Accreditation Program (NHMSFAP), and the Bylaws. In addition to being accountable to the governing body of the non-hospital facility, the medical director is accountable to the NHMSFAP Committee.







MD11.4.4	<p>The medical director confirms the re-appointment applicant meets the current experience requirements specified in the BCMQI privileges dictionaries for the procedures they are requesting renewal of privileges to perform.</p> <p><i>Guidance: Interview documentation makes note of the appropriate BCMQI privileging dictionary (not applicable for dentist applications), confirms current experience and identifies the procedures the applicant is re-privileged to perform at the facility.</i></p>	1, 2, 3, 5	H
MD11.4.5	<p>The medical director reviews and discusses with the re-appointment applicant any changes to their privileges at any facility or any regulatory restrictions on their practice during the previous year.</p> <p><i>Guidance: Interview documentation makes note of this discussion and the outcome. Non-renewal or denial of privileges due to competence or conduct requires reporting to the medical staff member's regulatory college.</i></p>	2, 3	H
MD11.4.6	<p>The medical director reviews and discusses with the re-appointment applicant organizational commitments to safety and quality of care and any concerns.</p> <p><i>Guidance: Safety and quality of care discussions should include expectations such as teamwork and communication, quality improvement data, infections surveillance data, patient safety incident data and any concerns, complaints or other matters which may affect safety and quality of care. Interview documentation makes note of this discussion and the outcome. Non-renewal or denial of privileges due to competence or conduct requires reporting to the medical staff member's regulatory college.</i></p>	2, 6, 7, 8, 9	H



10. Australian Commission on Safety and Quality in Health Care. Clinical governance standard: clinical performance and effectiveness [Internet]. Sydney (AU): Australian Commission on Safety and Quality in Health Care; c2023. Safety and quality roles and responsibilities – action 1.26; c2023 [cited 2023 Mar 21].
11. Health Insurance Reciprocal of Canada (HIROC). 21 questions: guidance for healthcare boards on what they should ask senior leaders about risk [Internet]. Toronto (ON): HIROC; 2018 Apr [cited 2023 Mar 23].
12. Health Standards Organization (HSO); Canadian Patient Safety Institute. The Canadian quality & patient safety framework for health services [Internet]. Ottawa (ON): HSO; c2020 [cited 2023 Mar 21].
13. Ontario Hospital Association, Governance Centre of Excellence. Guide to good governance [Internet]. 3rd ed. Toronto (ON): Ontario Hospital Association; [cited 2023 Mar 21].
14. Association of periOperative Registered Nurses (AORN). Guidelines for perioperative practice. 20

